

## Substituted by Form PTO-976

Application &amp; District Number

(Column 1) . (Column 2)

OR

**OTHER THAN  
SMALL ENTITY**

\* If the difference in column 1 is less than zero, enter "0" in column 2.

\* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
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3		

**OR**

OTHER THAN  
SKULL ENEMY

TEST RESULTS: 161.00 OF MULTIPLE DEFECTS: 3 QTY: 137 QTY: 137

TEST RESULTS: 161.00 OF MULTIPLE DEFECTS: 3 QTY: 137 QTY: 137

- If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

- If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

.. If the Highest Number Previously Paid For, IN THIS SPACE is less than 20, enter '20'

... if the "Highest Number Previously Paid For IN THIS SPACE" is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTD-8199 and select option 2**